

# **EXHIBIT 1**



## Disclosure & Release Form

As part of the application process for participation and/or acceptance at **San Diego Nursing Service Education Consortium**, I understand that they and/or its agents may conduct an investigation of my personal information. The investigation may include, but is not limited to Criminal History Records (from State, Federal and Other Agencies), SSN Trace, Nationwide Sex Offender Registry Search, Nationwide Criminal Index Search, OIG (Office of Inspector General), GSA (General Services Administration), Medicare / Medicaid Excluded List, Child Abuse / Neglect Check, Employment Verification, Education Verification, Professional License Verification, OFAC (Office of Foreign Asset Control), Motor Vehicle Records, Drug Screen Results, FBI Fingerprint Record Search, and information from other sources. I understand that these records may be used for the eligibility of my acceptance into the aforementioned institution's educational program. I authorize without reservation the full release of these records and for American DataBank and/or its agents contracted by American DataBank to obtain information.

In addition, I release and discharge American DataBank, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation, throughout any duration of my participation at **San Diego Nursing Service Education Consortium**. I also certify that all information provided is correct on the application to the best of my knowledge. Any false statements provided will be considered just cause for denial of participation and/or acceptance.

Upon Request, American DataBank will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may be directed to: American DataBank, 110 Sixteenth Street, 8th Floor, Denver, CO 80202 or by contacting us at 1-800-200-0853.

**Applicant's Name:**

First Name: Astrailia

Middle: Irene

Last Name: Dunford

Date of Birth: [REDACTED]

(This is used for only criminal and driving records retrieval.)

Social Security Number: [REDACTED]

Driver's License:

State

Issued:

Current Address: [REDACTED]

City: [REDACTED]

State: CA

Zip Code: [REDACTED]

Phone: [REDACTED]

At Current Residency:

from:

Signature: A Dunford

Date: 6/12/2013

Notice to California Applicants: Under section 1786.22 of the California Civil Code, you may obtain a copy of your results, either in person, via email, or via mail, by submitting proper identification. Please Note: Duplication service fees may apply for result copies.

California, Minnesota or Oklahoma Resident ONLY: By checking the box, I request to receive a free copy of the ordered report. ☒

American DataBank Group, Phone: 303-573-1130 (1-800-200-0853)  
110 16th Street, 8th Fl. Denver, CO 80202 Business Hours: 8:00am - 6:00pm (MT) Mon - Fri  
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